MISSOURI DIVIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-04253$	58
DO NOT WRITE AMENDED R	Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5779 STATE FILE NUMBER	
	b. CITY (If outside corporate limits, give TOWNSHIP only)   Length of stay in 1b   c. CITY	dence before admission) nside Limits
DATE AME	c. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  ADDRESS  (If cutside, give location)  Read of the control of the co	es No 🗆
3	Months Days	Year  6 2  F UNDER 24 HR
6	08. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  109. KIND OF BUSINESS OR INDUSTRY  110. BIRTHPLACE (City and state or country)  111. BIRTHPLACE (City and state or country)  112. CITIZEN OF WH.  113. MOTHER'S MAIDEN NAME  114. NAME OF HUSBAND OR WIFE	AT COUNTRY
8 2 X W S (Y	(s. No. or unknown) (If yes, give war or dates of service)  16. SOCIAL SETURITY NO. 17. VIFORMANT  Ves, no, or unknown) (If yes, give war or dates of service)	7 3 4 Endiade
10 CORD P OF 10 OCUMEN	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Prema/urity	VAL BETWEEN T AND DEATH
12 <i>63</i> <b>C</b> SH	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	
VIS ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was there a pregnancy  There is a pregnancy in the part i	
ON AMENDMENTS AMENDMENTS	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of PERFORMED? YES   NO.	item 18.)
	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
<b>■ ★</b>	NOT WHILE AT WORK   11-15-62   her   11-15-62	<u> </u>
USE BLAC OR TYPEWRITER SHOULD READ IT OF KS J.WILL	Death occurred at	
	Starks & William in D. 2701 E- 315to KC, mo. 1	1 - 16 - 62 (State)
	3a. BURIAL, CREMATION, 23b. UATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  PROVAL (Specify) / 20-62 City  4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	mo-
	tkins Bros. Funeral Home 18th Benton 1/- 16-62 Auth Lor (Licensed Embelmer's Statement on Reverse Side)	<u>eg</u>

## STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my	personal supervision.	7	
Student	<u>.                                    </u>	Signed	rue A. Wathin
	Signature of Student Embalmer	<u> </u>	
			Licensed Embalmer No. 450 u
	·· , ··	. ~ <u>.</u> ~	P. O. Address 18 the Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.